Northwest LTC Financial Aid
Special Consideration Form
Dependent Student 2017-2018

Name _____ **Campus ID (or SSN)**_____
(Please Print) Last Name **First Name**

I am requesting consideration of my family's 2016 total income because:

_____

_____

_____

_____

My family's estimated 2016 income will be:

Student: $_____ (provide a copy of latest pay stub or W-2 form from the end of the year)

Parent 1: $_____ (provide a copy of latest pay stub or W-2 form from the end of the year)

Parent 2: $_____ (provide a copy of latest pay stub or W-2 form from the end of the year)

Estimated untaxed income and/or benefits for 2016 will be_____ (provide documentation)

I certify that all information given on this form is complete, correct, and accurate to the best of my knowledge; and if requested, I will provide additional documentation required by the Office of Financial Aid.

_____	_____	_____
Student's Signature	**Social Security Number**	**Date**
_____	_____	_____
Legal Guardian Signature (If applicable)	**Social Security Number**	**Date**
_____	_____	_____
Legal Guardian Signature (If applicable)	**Social Security Number**	**Date**

FAO Signature_____**Date**_____**Semester**_____